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Bib Data Sheet

CONFIRMATION NO. 3159

<b>SERIAL NUMBER</b> 09/893,510	<b>FILING DATE</b> 06/29/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 2333-72	
<b>APPLICANTS</b> Peter Forsell, Menzingen, SWITZERLAND; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0102313-4 06/28/2001 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/21/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 99	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> NIXON & VANDERHYE P.C. 1100 North Glebe Road, 8th Floor Arlington, VA 22201					
<b>TITLE</b> Intestine dysfunction treatment apparatus					
<b>FILING FEE RECEIVED</b> 1131	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		